FORM D SEG Mail Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

Washington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
OPM LIMITED OFFERING EYEMP

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OMB APPROVAL

OMB Number: 3235-0076

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UNIFORM LIMITED OFFERING EXEMP	TION		
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  FerruMax Pharmaceuticals, Inc.			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ∩roe		
A. BASIC IDENTIFICATION DATA			
1. Enter the information requested about the issuer			
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  FerruMax Pharmaceuticals, Inc.			
Address of Executive Offices (Number and Street, City, State, Zip Code) 7 Bulfinch Place, Third Floor, Boston, MA 02114	Telephone Number (Including Area Code) (617) 250-5146		
Address of Principal Business Operations (if different from Executive Offices)  (Number an PROCESSED ode)	Telephone Number (Including Area Code)		
Pharmaceutical research and development  HAR 2 8 2008  THOMSON			
Type of Business Organization  Corporation  Ilimited partnership, already formed  other (pl  business trust  limited partnership, to be formed	ease spei 08041842		
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 8 0 7	ated		

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# -ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: | Promoter Beneficial Owner Executive Officer **▼** Director General and/or Managing Partner Full Name (Last name first, if individual) Menhall, Nasser Business or Residence Address (Number and Street, City, State, Zip Code) 7 Bulfinch Place, Third Floor, Boston, MA 02114 Check Box(es) that Apply: **⊭** Promoter Beneficial Owner Executive Officer **■** Director General and/or Managing Partner Full Name (Last name first, if individual) Fang, MD PhD, Leslie S.T. Business or Residence Address (Number and Street, City, State, Zip Code) 7 Bulfinch Place, Third Floor, Boston, MA 02114 Check Box(es) that Apply: Executive Officer Promoter ☐ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Sullivan, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 7 Bulfinch Place, Third Floor, Boston, MA 02114 Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Woolf, MD PhD, Clifford Business or Residence Address (Number and Street, City, State, Zip Code) 7 Bulfinch Place, Third Floor, Boston, MA 02114 General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Lin, MD PhD, Herbert Business or Residence Address (Number and Street, City, State, Zip Code) 7 Bulfinch Place, Third Floor, Boston, MA 02114 Check Box(es) that Apply: Executive Officer Director General and/or Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: □ Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				***************************************	B. II	NFORMATI	ON ABOU	T OFFERI	NG				
1	Uac the	iccuer cole	l or does th	ne iccuer ir	atend to se	ll to non-s	ccredited i	nvestors in	this offeri	no?		Yes □	No ∡
ι.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.						ш	<u>-</u>					
2.							\$ 25,000						
												Yes	No
3.							×						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	,	Last name	first, if indi	ividual)									
N/ Bus		Residence	Address (N	lumber and	i Street, Ci	ty, State, Z	ip Code)						<del></del>
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Nai	me of Ass	sociated Br	oker or De	aler									
Sta			Listed Has										
	(Check	"All States	or check	individual	States)				*******			☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM ŪT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (	Last name	first, if indi	ividual)			•	. =					· · · · · · · · · · · · · · · · · · ·
Bu:	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As:	sociated Br	oker or De	aler	·· <b>-</b>								
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						<del></del>
(Check "All States" or check individual States)							☐ Al	l States					
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (	Last name	first, if ind	ividual)									
Bu:	siness or	Residence	: Address (?	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of Associated Broker or Dealer													
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						· · · · · · · · · · · · · · · · · · ·
	(Check "All States" or check individual States)								l States				
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u> </u>	\$
	Equity	S	\$
	Common Preferred		
	Convertible Securities (including warrants)	5,000,000	<b>\$_400,000</b>
	Partnership Interests		\$
	Other (Specify)	<b>S</b>	
	Total		s_400,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases § 400,000
	Accredited Investors	3	\$ 400,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	x	\$ 10,000
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately).		s
	Other Expenses (identify)		\$
	T		c 10.000

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1		
and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_4,990,000
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		s
Purchase of real estate		_ 🗆 \$
Purchase, rental or leasing and installation of machinery and equipment	- 	
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		_ []\$
Repayment of indebtedness		
Working capital	_ _ s	¥ \$ 840,000
	\$	
Pre-clinical toxicology research	\$	* \$_1,800,000
Column Totals	¬\$	\$ 4,990,000
Total Payments Listed (column totals added)		,990,000
D. PEDERAL SIGNATURE	- 15 10 10 10 10 10 10 10 10 10 10 10 10 10	70 18 1 I
he issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commisse information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	is filed under Rusion, upon writte	ule 505, the following en request of its staff
isuer (Print or Type) Signature [	Date 2	
FerruMax Pharmaceuticals, Inc.	March , 200	8
ame of Signer (Print or Type) Title of Signer (Print or Type)		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)